



Alaska Department of Environmental Conservation
MSGP Annual Reporting Form

Section I. General Information

Facility Name: C Street Snow Disposal Site

APDES Permit Tracking Number: Not Applicable

Facility Physical Address

Street: 10,000 Block of East 100th Avenue

City: Anchorage

State: Alaska

Zip: 99502

Lead Inspector's Name: Trent White

Title: SWPPP Inspector

Additional Inspectors Names: Dustin Richmond

Contact Person: James Belz

Title: Superintendent

Phone: (907) 343-8265

Email: james.belz@anchorageak.gov

Inspection Date: 12/08/2022

Section II. General Inspection Findings

1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?



Yes



No

If NO, describe why not:

Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.

2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?



Yes



No

If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? Yes No

If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? Yes No NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:
At the time of this inspection, winter conditions were present. All outfalls are frozen. In advance of the freezing conditions both the on-site drainage systems and outfalls were free of pollutants. The site outfalls and surrounding areas were inspected in advance of freezing conditions, no maintenance was required and control measures were performing as designed.

6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?
 Yes No

If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?

Note: Complete the attached Corrective Action Form (Section IV) for each condition identified, including any conditions identified as a result of this comprehensive storm water inspection.

Section III. Industrial Activity Area Specific Findings

Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with storm water;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.

Industrial Activity Area: **RAP Access Roads**

1. Brief Description:

Industrial equipment utilize this access roads during facility operations. During this inspection winter conditions were present. The access road had been plowed recently for access to the snow disposal pad. The access road to the wood lot had not been plowed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Snow Disposal Pad**

1. Brief Description:

Industrial equipment cross this pad during facility fall preparation and winter operations. During this inspection winter conditions were present. Snow has been cleared from the pad in preparation for use. At this time snow placement from street clearing has not occurred.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Wood Lot (Laurel Acres)**

1. Brief Description:

Industrial equipment travels across and works in the area during summer facility operations. At the time of this inspection the wood lot was still active with three pieces of equipment located in the staging area. No pollutants were identified from the equipment. There was also a stockpile of wood mulch still on-site. Snow has been removed from the working area in preparation to demob equipment and remove the stockpile of wood mulch.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Note: Copy this page and attach additional pages as necessary.

Industrial Activity Area: **Sedimentation Ponds #1 and #2**

1. Brief Description:

Stormwater or runoff exposed to industrial equipment flows to these sedimentation ponds. At the time of this inspection winter conditions were present. The sedimentation ponds are currently frozen and covered in snow. Prior to freezing conditions the areas were inspected and no pollutants were observed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Staging Area For Snow Disposal Area**

1. Brief Description:

At the time of this inspection winter conditions were present. No equipment was staged on-site at this time. The designated area for staging shows no sign of pollutants at this time.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Temporary Street Sweeper Waste Disposal Area**

1. Brief Description:

Industrial equipment travels across and works in this area during the summer facility operations. During winter operations industrial equipment travels across this area. At the time of this inspection winter conditions were present and all stockpiled material has been removed. No pollutants were observed in the area.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Note: Copy this page and attach additional pages as necessary.

Industrial Activity Area: **Vegetative Buffer Discharge Point #1 and Vegetative Buffer Discharge Point #3**

1. Brief Description:

Stormwater or runoff exposed to industrial equipment flows through these buffers. At the time of this inspection winter conditions were present and no flow was present or any pollutants observed. In advance of the freezing conditions both discharge points were inspected and free of pollutants, and no maintenance was required and control measures were performing as designed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area:

1. Brief Description:

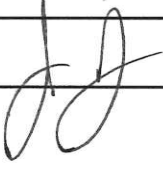
2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Section IV. Corrective Actions	
<p>Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.</p> <p>Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>	
1. Corrective Action # 0 of 0 for this reporting period.	
2. Is this corrective action:	
<input type="checkbox"/> An update on a corrective action from a previous annual report; or <input type="checkbox"/> A new corrective action?	
3. Identify the condition(s) triggering the need for this review:	
<input type="checkbox"/> Unauthorized release of discharge <input type="checkbox"/> Numeric effluent limitation exceedance <input type="checkbox"/> Control measures inadequate to meet applicable water quality standards <input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations <input type="checkbox"/> Control measures not properly operated or maintained <input type="checkbox"/> Change in facility operations necessitated change in control measures <input type="checkbox"/> Average benchmark value exceedance <input type="checkbox"/> Other (describe):	
4. Briefly describe the nature of the problem identified:	
5. Date problem identified:	
6. How problem was identified:	
<input type="checkbox"/> Comprehensive site inspection <input type="checkbox"/> Quarterly visual assessment <input type="checkbox"/> Routine facility inspection <input type="checkbox"/> Benchmark monitoring <input type="checkbox"/> Notification by EPA or ADEC <input type="checkbox"/> Other (describe):	
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:	
8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Date corrective action initiated:	
10. Date corrective action completed: Or expected to be completed:	
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:	

Section V. Annual Report Certification	
Compliance Certification	
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, summarize why you are not in compliance with the permit: Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.	
Annual Report Certification	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
Name of Authorized Representative: James Belz	Title: Superintendent
Signature: 	Date Signed: 12-14-22 Email: james.belz@anchorageak.gov



Alaska Department of Environmental Conservation

MSGP Annual Reporting Form

Section I. General Information	
Facility Name:	Dowling Road Snow Disposal Site
APDES Permit Tracking Number:	Not Applicable
<u>Facility Physical Address</u>	
Street:	6351 Spruce Street
City:	Anchorage
State:	Alaska
Zip:	99507
Lead Inspector's Name:	Trent White
Title:	SWPPP Inspector
Additional Inspectors Names:	Dustin Richmond
Contact Person:	James Belz
Title:	Superintendent
Phone:	(907) 343-8265
Email:	james.belz@anchorageak.gov
Inspection Date:	12/05/2022
Section II. General Inspection Findings	
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If NO, describe why not:	
<div style="font-size: small; margin-top: 10px;">Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.</div>	
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:	

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? Yes No

If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? Yes No NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:

At the time of this inspection, winter conditions were present. All outfalls are frozen. In advance of the freezing conditions both the on-site drainage systems and outfalls were free of pollutants. The site outfalls and surrounding areas were inspected in advance of freezing conditions, no maintenance was required and control measures were performing as designed.

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

Yes No

If YES, how many conditions requiring review for corrective action as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?

Note: Complete the attached Corrective Action Form (Section IV) for each condition identified, including any conditions identified as a result of this comprehensive storm water inspection.

Section III. Industrial Activity Area Specific Findings

Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with storm water;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.

Industrial Activity Area: **RAP Access Roads #1 and #2**

1. Brief Description:

Industrial equipment utilize this access road during facility operations. At the time of this inspection winter conditions were present and access roads were not plowed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Snow Disposal Pad**

1. Brief Description:

Industrial equipment cross this pad during facility fall preparation and winter operations. At the time of this inspection winter conditions existed. The snow pad has accumulated snow on pad that has not been removed for operations from last snow fall. Snow is currently stockpiled at snow storage site #1 from street clearing operations.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Staging Area**

1. Brief Description:

At the time of this inspection, winter conditions were present. No equipment was staged on-site. The staging area showed now signs of pollutants.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Note: Copy this page and attach additional pages as necessary.

Industrial Activity Area: **Detention Pond**

1. Brief Description:

Stormwater or runoff exposed to industrial equipment flows to this detention pond during the spring and summer months. At the time of this inspection winter conditions were present and the detention pond was frozen and covered with snow. Prior to freezing conditions, the area was inspected and no pollutants were observed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Street Sweeper Waste Stockpile**

1. Brief Description:

Industrial equipment travels and works in this area during the summer months. During the winter months industrial equipment travels through this area. During this inspection winter conditions were present. No stockpile was present and no pollutants were observed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Rock Lined Conveyance Channel**

1. Brief Description:

Stormwater or runoff exposed to industrial equipment flows through this channel during the spring and summer months. At the time of this inspection winter conditions were present and the channel showed no signs of flow or pollutants. Prior to freezing conditions, the area was inspected and no pollutants were observed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Note: Copy this page and attach additional pages as necessary.

Industrial Activity Area: **Settling Pond**

1. Brief Description:

Stormwater or runoff exposed to industrial equipment flows to this settling pond during the spring and summer months. At the time of this inspection winter conditions were present and the settling pond was frozen and covered with snow. Prior to freezing conditions, the area was inspected and no pollutants were observed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Velocity Dissipater Discharge Point #1**

1. Brief Description:

Stormwater or runoff exposed to industrial equipment flows to this dissipater during the spring and summer months. At the time of this inspection winter conditions were present and the area was frozen and covered with snow. Prior to freezing conditions, the area was inspected and no pollutants were observed or maintenance required. Control measures were performing as designed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Section IV. Corrective Actions

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 0 of 0 for this reporting period.

2. Is this corrective action:

- An update on a corrective action from a previous annual report; or
- A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- Unauthorized release of discharge
- Numeric effluent limitation exceedance
- Control measures inadequate to meet applicable water quality standards
- Control measures inadequate to meet non-numeric effluent limitations
- Control measures not properly operated or maintained
- Change in facility operations necessitated change in control measures
- Average benchmark value exceedance
- Other (describe):

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

6. How problem was identified:

- Comprehensive site inspection
- Quarterly visual assessment
- Routine facility inspection
- Benchmark monitoring
- Notification by EPA or ADEC
- Other (describe):

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:

8. Did/will this corrective action require modification of you SWPPP? Yes No

9. Date corrective action initiated:

10. Date corrective action completed: _____ Or expected to be completed: _____

11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:

Section V. Annual Report Certification

Compliance Certification

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?

Yes No

If No, summarize why you are not in compliance with the permit:

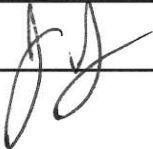
Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.

Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of Authorized Representative: **James Belz**

Title: Superintendent

Signature: 

Date Signed: 12-14-22

Email: james.belz@anchorageak.gov



Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information			
Facility Name: Kloep Station Maintenance & Storage Facility			
APDES Permit Tracking Number: Not Applicable			
<u>Facility Physical Address</u>			
Street: 5601 Northwood Drive			
City: Anchorage	State: Alaska	Zip: 99502	
Lead Inspector's Name: Trent White		Title: SWPPP Inspector	
Additional Inspectors Names: Dustin Richmond			
Contact Person: James Belz		Title: Superintendent	
Phone: (907) 343-8265		Email: james.belz@anchorageak.gov	
Inspection Date: 12/08/2022			
Section II. General Inspection Findings			
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If NO, describe why not:			
<p><i>Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.</i></p>			
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:			

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? Yes No

If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? Yes No NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:

At the time of this inspection, winter conditions were present. All outfalls are frozen. In advance of the freezing conditions both the on-site drainage systems and outfalls were free of pollutants. The site outfalls and surrounding areas were inspected in advance of freezing conditions, no maintenance was required and control measures were performing as designed.

6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

Yes No

If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?

Note: Complete the attached Corrective Action Form (Section IV) for each condition identified, including any conditions identified as a result of this comprehensive storm water inspection.

Section III. Industrial Activity Area Specific Findings

Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with storm water;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.

Industrial Activity Area: **Pavement/Access Road**

1. Brief Description:

Industrial equipment utilize this access road and paved areas. At the time of this inspection winter conditions were present. All roads and paved areas were plowed of snow.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Materials Storage Areas**

1. Brief Description:

This includes all materials storage areas within the facility. During this inspection winter conditions were present. Areas were identified with signs of what was stored in each location. Areas were free of pollutants and garbage.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Vac Truck Disposal Area**

1. Brief Description:

Sedimentation basin for vac truck disposal. At the time of this inspection winter conditions were present and the disposal area was covered with snow. During winter the area is not in use. Prior to freezing conditions, the area was inspected and was found to be functioning per design.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Note: Copy this page and attach additional pages as necessary.

Industrial Activity Area: **Fueling Station**

1. Brief Description:

On-site fueling for diesel and gas municipal vehicles. At the time of this inspection winter conditions were present, no pollutants were identified in or around the fueling area.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Equipment Storage Areas**

1. Brief Description:

This includes all areas where equipment is stored. At the time of inspection winter conditions were present. All areas were identified with what equipment was to be stored in the area. There were no pollutants or garbage observed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Oil and Grit Separators**

1. Brief Description:

This includes all oil and grit separators within the facility. At the time of this inspection winter conditions were present. All buildings were locked and access was not available. Prior to freezing conditions the areas were inspected and were found to be operating per designed and had been recently cleaned.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Section IV. Corrective Actions

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 0 of 0 for this reporting period.

2. Is this corrective action:

- An update on a corrective action from a previous annual report; or
 A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- Unauthorized release of discharge
 Numeric effluent limitation exceedance
 Control measures inadequate to meet applicable water quality standards
 Control measures inadequate to meet non-numeric effluent limitations
 Control measures not properly operated or maintained
 Change in facility operations necessitated change in control measures
 Average benchmark value exceedance
 Other (describe):

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

6. How problem was identified:

- Comprehensive site inspection
 Quarterly visual assessment
 Routine facility inspection
 Benchmark monitoring
 Notification by EPA or ADEC
 Other (describe):

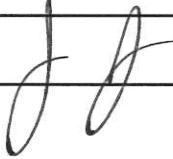
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:

8. Did/will this corrective action require modification of you SWPPP? Yes No

9. Date corrective action initiated:

10. Date corrective action completed: Or expected to be completed:

11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:

Section V. Annual Report Certification	
Compliance Certification	
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, summarize why you are not in compliance with the permit: Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.	
Annual Report Certification	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
Name of Authorized Representative: James Belz	Title: Superintendent
Signature: 	Date Signed: <u>12-14-22</u> Email: james.belz@anchorageak.gov



Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information	
Facility Name: Kloep Station Snow Disposal Site	
APDES Permit Tracking Number: Not Applicable	
<u>Facility Physical Address</u>	
Street: 5600 Northwood Drive	
City: Anchorage	State: Alaska
Zip: 99502	
Lead Inspector's Name: Trent White	Title: SWPPP Inspector
Additional Inspectors Names: Dustin Richmond	
Contact Person: James Belz	Title: Superintendent
Phone: (907) 343-8265	Email: james.belz@anchorageak.gov
Inspection Date: 12/08/2022	
Section II. General Inspection Findings	
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If NO, describe why not:	
<i>Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.</i>	
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:	

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? Yes No

If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? Yes No NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:
At the time of this inspection, winter conditions were present. All outfalls are frozen. In advance of the freezing conditions both the on-site drainage systems and outfalls were free of pollutants. The site outfalls and surrounding areas were inspected in advance of freezing conditions, no maintenance was required and control measures were performing as designed.

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

Yes No

If YES, how many conditions requiring review for corrective action as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?

Note: Complete the attached Corrective Action Form (Section IV) for each condition identified, including any conditions identified as a result of this comprehensive storm water inspection.

Section III. Industrial Activity Area Specific Findings

Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with storm water;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.

Industrial Activity Area: **RAP Access Roads #1 and #2**

1. Brief Description:

Industrial equipment utilize these access roads during facility operations. During this inspection winter conditions were present. Access road #1 was plowed to allow access for use of snow disposal site. Access road #2 was not plowed or being used.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Snow Disposal Pad**

1. Brief Description:

Industrial equipment travels across these pads during facility operations. The pad was cleared of snow and snow had been stockpiled in location #1 from street clearing operations.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Vegetative Buffer Discharge Point #2**

1. Brief Description:

Stormwater or runoff exposed to industrial equipment flows through these buffers. At the time of this inspection winter conditions were present and no flow was present or any pollutants observed. In advance of the freezing conditions the discharge point was inspected and free of pollutants, and no maintenance was required and control measures were performing as designed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Note: Copy this page and attach additional pages as necessary.

Industrial Activity Area: **Staging Area**

1. Brief Description:

This includes both staging areas. At the time of this inspection winter conditions were present. No equipment was present on-site. No pollutants were observed where the staging areas are located.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Conveyance Channel**

1. Brief Description:

Stormwater or runoff exposed to industrial equipment flows through this channel during the spring and summer. At the time of this inspection winter conditions were present and no flow was present or any pollutants observed. In advance of the freezing conditions the conveyance channel was inspected and free of pollutants, and no maintenance was required and control measures were performing as designed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Vegetative Buffer Discharge Point #1**

1. Brief Description:

Stormwater or runoff exposed to industrial equipment flows through these buffers. At the time of this inspection winter conditions were present and no flow was present or any pollutants observed. In advance of the freezing conditions the discharge point was inspected and free of pollutants, and no maintenance was required and control measures were performing as designed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Section IV. Corrective Actions

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 0 of 0 for this reporting period.

2. Is this corrective action:

- An update on a corrective action from a previous annual report; or
- A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- Unauthorized release of discharge
- Numeric effluent limitation exceedance
- Control measures inadequate to meet applicable water quality standards
- Control measures inadequate to meet non-numeric effluent limitations
- Control measures not properly operated or maintained
- Change in facility operations necessitated change in control measures
- Average benchmark value exceedance
- Other (describe):

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

6. How problem was identified:

- Comprehensive site inspection
- Quarterly visual assessment
- Routine facility inspection
- Benchmark monitoring
- Notification by EPA or ADEC
- Other (describe):

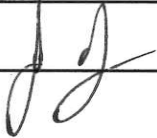
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:

8. Did/will this corrective action require modification of you SWPPP? Yes No

9. Date corrective action initiated:

10. Date corrective action completed: Or expected to be completed:

11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:

Section V. Annual Report Certification	
Compliance Certification	
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, summarize why you are not in compliance with the permit: Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.	
Annual Report Certification	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
Name of Authorized Representative: James Belz	Title: Superintendent
Signature: 	Date Signed: 12-14-22 Email: james.belz@anchorageak.gov



Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information	
Facility Name: Commercial Drive Snow Disposal Site	
APDES Permit Tracking Number: Not Applicable	
<u>Facility Physical Address</u>	
Street: 2941 Commercial Drive	
City: Anchorage	State: Alaska
	Zip: 99501
Lead Inspector's Name: Trent White	Title: SWPPP Inspector
Additional Inspectors Names: Dustin Richmond	
Contact Person: James Belz	Title: Superintendent
Phone: (907) 343-8265	Email: james.belz@anchorageak.gov
Inspection Date: 12-08-2022	
Section II. General Inspection Findings	
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If NO, describe why not:	
<p><i>Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.</i></p>	
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:	

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? Yes No

If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? Yes No NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:
At the time of this inspection, winter conditions were present. All outfalls are frozen. In advance of the freezing conditions both the on-site drainage systems and outfalls were free of pollutants. The site outfalls and surrounding areas were inspected in advance of freezing conditions, no maintenance was required and control measures were performing as designed.

6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

Yes No

If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?

Note: Complete the attached Corrective Action Form (Section IV) for each condition identified, including any conditions identified as a result of this comprehensive storm water inspection.

Section III. Industrial Activity Area Specific Findings	
<p>Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.</p> <p>In reviewing each area, you should consider:</p> <ul style="list-style-type: none"> • Industrial materials, residue, or trash that may have or could come into contact with storm water; • Leaks or spills from industrial equipment, drums, tanks, and other containers; • Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and • Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas. 	
<p>Industrial Activity Area: RAP Access Roads</p> <p>1. Brief Description: Industrial equipment directly utilize these access roads during facility operations. At the time of this inspection winter conditions were present. Access road #1 has been plowed for access to the snow disposal pad. Access road #2 has not been plowed.</p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)</p>	
<p>Industrial Activity Area: Snow Disposal Pad</p> <p>1. Brief Description: Industrial equipment travels across the pads during facility operations. At the time of this inspection winter conditions were present. The snow pad has been plowed off of snow to allow access to the pad. Snow is currently stockpiled in storage area #1 from street clearing operations.</p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)</p>	
<p>Industrial Activity Area: Vac Truck Disposal Area</p> <p>1. Brief Description: Industrial equipment travels across and works in this area during the summer facility operations. During winter operations industrial equipment travels across this area. At the time of this inspection winter conditions were present and all material has been removed. No pollutants were observed.</p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)</p>	

Note: Copy this page and attach additional pages as necessary.Industrial Activity Area: **Street Sweeper Waste Area**

1. Brief Description:

Industrial equipment travels across and works in this area during the summer facility operations. During winter operations industrial equipment travels across this area. At the time of this inspection winter conditions were present and all stockpiled material has been removed. No pollutants were observed in the area.

2. Are any control measures in need of maintenance or repair? Yes No3. Have any control measures failed and require replacement? Yes No4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Equipment Staging Area**

1. Brief Description:

At the time of this inspection winter conditions were present. No equipment was staged on-site at this time. The designated area for staging shows no sign of pollutants at this time.

2. Are any control measures in need of maintenance or repair? Yes No3. Have any control measures failed and require replacement? Yes No4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Detention Pond**

1. Brief Description:

Stormwater or runoff exposed to industrial equipment flows to the detention pond. At the time of this inspection winter conditions were present. The detention pond is currently frozen and covered with snow. Prior to freezing conditions the area was inspected and no pollutants were observed.

2. Are any control measures in need of maintenance or repair? Yes No3. Have any control measures failed and require replacement? Yes No4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Note: Copy this page and attach additional pages as necessary.

Industrial Activity Area: **Retention Basins**

1. Brief Description:

Stormwater or runoff exposed to industrial equipment flows to the retention basins. At the time of this inspection winter conditions were present. The retention basins are currently frozen and covered with snow. Prior to freezing conditions the area was inspected and no pollutants were observed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Vegetative Conveyance Channel**

1. Brief Description:

At the time of this inspection winter conditions were present. No flow or pollutants were visible. Prior to freezing conditions the area was inspected and no pollutants were observed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area:

1. Brief Description:

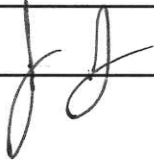
2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Section IV. Corrective Actions	
<p>Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.</p> <p>Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>	
<p>1. Corrective Action # <u>0</u> of <u>0</u> for this reporting period.</p>	
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input type="checkbox"/> A new corrective action?</p>	
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input type="checkbox"/> Other (describe):</p>	
<p>4. Briefly describe the nature of the problem identified:</p>	
<p>5. Date problem identified:</p>	
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input type="checkbox"/> Quarterly visual assessment</p> <p><input type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>	
<p>7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:</p>	
<p>8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>9. Date corrective action initiated:</p>	
<p>10. Date corrective action completed: _____ Or expected to be completed: _____</p>	
<p>11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:</p>	

Section V. Annual Report Certification	
Compliance Certification	
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, summarize why you are not in compliance with the permit: Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.	
Annual Report Certification	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
Name of Authorized Representative: James Belz	Title: Superintendent
Signature: 	Date Signed: 12-14-22 Email: james.belz@anchorageak.gov



Alaska Department of Environmental Conservation

MSGP Annual Reporting Form

Section I. General Information		
Facility Name: Muldoon Maintenance/Storage Facility		
APDES Permit Tracking Number: Not Applicable		
<u>Facility Physical Address</u>		
Street: 7909 Boundary Avenue		
City: Anchorage	State: Alaska	Zip: 99504
Lead Inspector's Name: Trent White		Title: SWPPP Inspector
Additional Inspectors Names: Dustin Richmond		
Contact Person: James Belz		Title: Superintendent
Phone: (907) 343-8265		Email: james.belz@anchorageak.gov
Inspection Date: 12/06/2022		
Section II. General Inspection Findings		
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If NO, describe why not:		
<i>Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.</i>		
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:		

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? Yes No

If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? Yes No NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:

At the time of this inspection, winter conditions were present. All outfalls are frozen. In advance of the freezing conditions both the on-site drainage systems and outfalls were free of pollutants. The site outfalls and surrounding areas were inspected in advance of freezing conditions, no maintenance was required and control measures were performing as designed.

6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

Yes No

If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?

Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.

Section III. Industrial Activity Area Specific Findings

Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with storm water;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.

Industrial Activity Area: **Access Road**

1. Brief Description:

Industrial equipment utilize this access road during facility operations. At the time of this inspection winter conditions were present. Roads within the facility were plowed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Winter Snow Storage Site**

1. Brief Description:

At the time of this inspection winter conditions were present. Snow was being stored in the appropriate areas per design.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Vegetative Buffers**

1. Brief Description:

Stormwater or runoff exposed to industrial equipment flows through these buffers. At the time of this inspection winter conditions were present and no flow was present or any pollutants observed. In advance of the freezing conditions the discharge point was inspected and free of pollutants, and no maintenance was required and control measures were performing as designed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Note: Copy this page and attach additional pages as necessary.

Industrial Activity Area: **Equipment Storage**

1. Brief Description:

Equipment is stored in this building. At the time of this inspection the facility was locked and no access was available.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Retention Basin Area**

1. Brief Description:

Stormwater or runoff exposed to industrial equipment flows to this detention pond during the spring and summer months. At the time of this inspection winter conditions were present and the detention pond was frozen and covered with snow. Prior to freezing conditions, the area was inspected and no pollutants were observed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Section IV. Corrective Actions	
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.	
1. Corrective Action # <input type="text"/> of <input type="text"/> for this reporting period.	
2. Is this corrective action:	
<input type="checkbox"/> An update on a corrective action from a previous annual report; or <input type="checkbox"/> A new corrective action?	
3. Identify the condition(s) triggering the need for this review:	
<input type="checkbox"/> Unauthorized release of discharge <input type="checkbox"/> Numeric effluent limitation exceedance <input type="checkbox"/> Control measures inadequate to meet applicable water quality standards <input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations <input type="checkbox"/> Control measures not properly operated or maintained <input type="checkbox"/> Change in facility operations necessitated change in control measures <input type="checkbox"/> Average benchmark value exceedance <input type="checkbox"/> Other (describe):	
4. Briefly describe the nature of the problem identified:	
5. Date problem identified:	
6. How problem was identified:	
<input type="checkbox"/> Comprehensive site inspection <input type="checkbox"/> Quarterly visual assessment <input type="checkbox"/> Routine facility inspection <input type="checkbox"/> Benchmark monitoring <input type="checkbox"/> Notification by EPA or ADEC <input type="checkbox"/> Other (describe):	
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:	
8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Date corrective action initiated:	
10. Date corrective action completed: _____ Or expected to be completed: _____	
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:	

Section V. Annual Report Certification

Compliance Certification

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?

Yes No

If No, summarize why you are not in compliance with the permit:

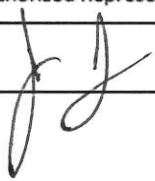
Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.

Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of Authorized Representative: James Belz

Title: Superintendent

Signature: 

Date Signed: 12-14-22

Email: james.belz@anchorageak.gov



Alaska Department of Environmental Conservation

MSGP Annual Reporting Form

Section I. General Information		
Facility Name: Orca Street Lighting Storage Facility		
APDES Permit Tracking Number: Not Applicable		
<u>Facility Physical Address</u>		
Street: 245 Orca Street		
City: Anchorage	State: Alaska	Zip: 99501
Lead Inspector's Name: Trent White		Title: SWPPP Inspector
Additional Inspectors Names: Dustin Richmond		
Contact Person: James Belz		Title: Superintendent
Phone: (907) 343-8265		Email: james.belz@anchorageak.gov
Inspection Date: 12/07/2022		
Section II. General Inspection Findings		
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If NO, describe why not:		
<p><i>Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.</i></p>		
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:		

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? Yes No

If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? Yes No NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:

At the time of this inspection, winter conditions were present. All outfalls are frozen. In advance of the freezing conditions both the on-site drainage systems and outfalls were free of pollutants. The site outfalls and surrounding areas were inspected in advance of freezing conditions, no maintenance was required and control measures were performing as designed.

6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

Yes No

If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?

Note: Complete the attached Corrective Action Form (Section IV) for each condition identified, including any conditions identified as a result of this comprehensive storm water inspection.

Section III. Industrial Activity Area Specific Findings	
<p>Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.</p> <p>In reviewing each area, you should consider:</p> <ul style="list-style-type: none"> • Industrial materials, residue, or trash that may have or could come into contact with storm water; • Leaks or spills from industrial equipment, drums, tanks, and other containers; • Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and • Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas. 	
<p>Industrial Activity Area: RAP Access Roads and Pad</p> <p>1. Brief Description: Industrial equipment utilize this access road during facility operations and is stored on the pad. At the time of this inspection winter conditions were present. The roads and pads within the facility had not been plowed.</p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)</p>	
<p>Industrial Activity Area: Winter Snow Storage Site</p> <p>1. Brief Description: At the time of this inspection winter conditions were present and snow had been stored in the locations per the site map.</p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)</p>	
<p>Industrial Activity Area: Equipment Storage</p> <p>1. Brief Description: At the time of this inspection winter conditions were present. No pollutants were observed in or around the stored equipment sites.</p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)</p>	

Note: Copy this page and attach additional pages as necessary.

Industrial Activity Area: Sanitation Station Location

1. Brief Description:

At the time of this inspection winter conditions were present, no pollutants were observed. Prior to freezing conditions area was inspected and no pollutants were observed as well.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area:

1. Brief Description:

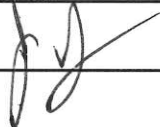
2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Section IV. Corrective Actions	
<p>Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>	
1. Corrective Action # 0 of 0 for this reporting period.	
2. Is this corrective action:	
<input type="checkbox"/> An update on a corrective action from a previous annual report; or <input type="checkbox"/> A new corrective action?	
3. Identify the condition(s) triggering the need for this review:	
<input type="checkbox"/> Unauthorized release of discharge <input type="checkbox"/> Numeric effluent limitation exceedance <input type="checkbox"/> Control measures inadequate to meet applicable water quality standards <input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations <input type="checkbox"/> Control measures not properly operated or maintained <input type="checkbox"/> Change in facility operations necessitated change in control measures <input type="checkbox"/> Average benchmark value exceedance <input type="checkbox"/> Other (describe):	
4. Briefly describe the nature of the problem identified:	
5. Date problem identified:	
6. How problem was identified:	
<input type="checkbox"/> Comprehensive site inspection <input type="checkbox"/> Quarterly visual assessment <input type="checkbox"/> Routine facility inspection <input type="checkbox"/> Benchmark monitoring <input type="checkbox"/> Notification by EPA or ADEC <input type="checkbox"/> Other (describe):	
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:	
8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Date corrective action initiated:	
10. Date corrective action completed: Or expected to be completed:	
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:	

Section V. Annual Report Certification	
Compliance Certification	
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, summarize why you are not in compliance with the permit: Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.	
Annual Report Certification	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
Name of Authorized Representative: James Belz	Title: Superintendent
Signature: 	Date Signed: 12-14-22 Email: james.belz@anchorageak.gov



Alaska Department of Environmental Conservation

MSGP Annual Reporting Form

Section I. General Information		
Facility Name: Sitka Street Snow Disposal Site		
APDES Permit Tracking Number: Not Applicable		
<u>Facility Physical Address</u>		
Street: 1505 Sitka Street		
City: Anchorage	State: Alaska	Zip: 99501
Lead Inspector's Name: Trent White		Title: SWPPP Inspector
Additional Inspectors Names: Dustin Richmond		
Contact Person: James Belz		Title: Superintendent
Phone: (907) 343-8265		Email: james.belz@anchorageak.gov
Inspection Date: 12/06/2022		
Section II. General Inspection Findings		
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If NO, describe why not:		
<div style="font-size: small; margin-top: 10px;"> <p><i>Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.</i></p> </div>		
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:		

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? Yes No

If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? Yes No NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:
At the time of this inspection, winter conditions were present. All outfalls are frozen. In advance of the freezing conditions both the on-site drainage systems and outfalls were free of pollutants. The site outfalls and surrounding areas were inspected in advance of freezing conditions, no maintenance was required and control measures were performing as designed.

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

Yes No

If YES, how many conditions requiring review for corrective action as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?

Note: Complete the attached Corrective Action Form (Section IV) for each condition identified, including any conditions identified as a result of this comprehensive storm water inspection.

Section III. Industrial Activity Area Specific Findings	
<p>Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.</p> <p>In reviewing each area, you should consider:</p> <ul style="list-style-type: none"> Industrial materials, residue, or trash that may have or could come into contact with storm water; Leaks or spills from industrial equipment, drums, tanks, and other containers; Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas. 	
<p>Industrial Activity Area: RAP Access Road</p> <p>1. Brief Description: Industrial equipment utilize this access road during facility operations. At the time of this inspection winter conditions were present, no snow had been plowed from the access road.</p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)</p>	
<p>Industrial Activity Area: Snow Disposal Pad</p> <p>1. Brief Description: Industrial equipment cross this pad during facility fall preparation and winter operations. At the time of this inspection winter conditions were present, no snow had been removed from the disposal pad or any snow been placed from street clearing operations.</p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)</p>	
<p>Industrial Activity Area: Staging Area</p> <p>1. Brief Description: At the time of this inspection winter conditions were present. No equipment was staged on site at this time. No pollutants were observed.</p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)</p>	

Note: Copy this page and attach additional pages as necessary.

Industrial Activity Area: **Sedimentation Pond**

1. Brief Description:

Stormwater or runoff exposed to industrial equipment flows to this sedimentation pond during the spring and summer months. At the time of this inspection winter conditions were present and the sedimentation pond was frozen and covered with snow. Prior to freezing conditions, the area was inspected and no pollutants were observed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Oil and Grit Separator**

1. Brief Description:

At the time of this inspection winter conditions were present, the oil and grit separator was frozen and covered in snow. Prior to freezing conditions, the separator was inspected and no pollutants were observed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Aggregate Pile**

1. Brief Description:

At the time of this inspection winter conditions were present. The aggregate pile was covered in snow and frozen, it was in the plan location per the site map.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Section IV. Corrective Actions
<p>Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>
<p>1. Corrective Action # 0 of 0 for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or <input type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge <input type="checkbox"/> Numeric effluent limitation exceedance <input type="checkbox"/> Control measures inadequate to meet applicable water quality standards <input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations <input type="checkbox"/> Control measures not properly operated or maintained <input type="checkbox"/> Change in facility operations necessitated change in control measures <input type="checkbox"/> Average benchmark value exceedance <input type="checkbox"/> Other (describe):</p>
<p>4. Briefly describe the nature of the problem identified:</p>
<p>5. Date problem identified:</p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection <input type="checkbox"/> Quarterly visual assessment <input type="checkbox"/> Routine facility inspection <input type="checkbox"/> Benchmark monitoring <input type="checkbox"/> Notification by EPA or ADEC <input type="checkbox"/> Other (describe):</p>
<p>7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:</p>
<p>8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. Date corrective action initiated:</p>
<p>10. Date corrective action completed: _____ Or expected to be completed: _____</p>
<p>11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:</p>

Section V. Annual Report Certification

Compliance Certification

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? Yes No

If No, summarize why you are not in compliance with the permit:

Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.

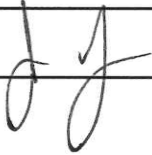
Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of Authorized Representative: James Belz

Title: Superintendent

Signature:



Date Signed:

12-14-22

Email: james.belz@anchorageak.gov



Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information		
Facility Name: North Mountain View Snow Disposal Site		
APDES Permit Tracking Number: Not Applicable		
<u>Facility Physical Address</u>		
Street: 4800 Block of Mountain View Drive		
City: Anchorage	State: Alaska	Zip: 99501
Lead Inspector's Name: Trent White		Title: SWPPP Inspector
Additional Inspectors Names: Dustin Richmond		
Contact Person: James Belz		Title: Superintendent
Phone: (907) 343-8265		Email: james.belz@anchorageak.gov
Inspection Date: 12/08/2022		
Section II. General Inspection Findings		
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If NO, describe why not:		
<p><i>Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.</i></p>		
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:		

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? Yes No

If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? Yes No NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:
 At the time of this inspection, winter conditions were present. All outfalls are frozen. In advance of the freezing conditions both the on-site drainage systems and outfalls were free of pollutants. The site outfalls and surrounding areas were inspected in advance of freezing conditions, no maintenance was required and control measures were performing as designed.

6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

Yes No

If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?

Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.

Section III. Industrial Activity Area Specific Findings

Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with storm water;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.

Industrial Activity Area: **RAP Access Road**

1. Brief Description:

Industrial equipment utilize this access road during facility operations. At the time of this inspection winter conditions were present. Access road has not been plowed of snow at this time.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Snow Disposal Pad**

1. Brief Description:

Industrial equipment cross this pad during facility fall preparation and winter operations. At this time winter conditions were present. No snow has been removed from the pad area or brought to the site from street clearing operations.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Vegetative Buffers**

1. Brief Description:

Stormwater or runoff exposed to industrial equipment flows through these buffers. At the time of this inspection winter conditions were present and no flow was present or any pollutants observed. In advance of the freezing conditions the discharge point was inspected and free of pollutants, and no maintenance was required and control measures were performing as designed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Note: Copy this page and attach additional pages as necessary.

Industrial Activity Area: **Staging Area**

1. Brief Description:

At the time of this inspection winter conditions were present. No equipment was staged onsite and no pollutants were observed in the area.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Retention Basins #1,#2 and #3**

1. Brief Description:

Stormwater or runoff exposed to industrial equipment flows to these retention ponds during the spring and summer months. At the time of this inspection winter conditions were present and the retention ponds were frozen and covered with snow. Prior to freezing conditions, the areas were inspected and no pollutants were observed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Section IV. Corrective Actions	
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.	
1. Corrective Action # 0 of 0 for this reporting period.	
2. Is this corrective action:	
<input type="checkbox"/> An update on a corrective action from a previous annual report; or <input type="checkbox"/> A new corrective action?	
3. Identify the condition(s) triggering the need for this review:	
<input type="checkbox"/> Unauthorized release of discharge <input type="checkbox"/> Numeric effluent limitation exceedance <input type="checkbox"/> Control measures inadequate to meet applicable water quality standards <input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations <input type="checkbox"/> Control measures not properly operated or maintained <input type="checkbox"/> Change in facility operations necessitated change in control measures <input type="checkbox"/> Average benchmark value exceedance <input type="checkbox"/> Other (describe):	
4. Briefly describe the nature of the problem identified:	
5. Date problem identified:	
6. How problem was identified:	
<input type="checkbox"/> Comprehensive site inspection <input type="checkbox"/> Quarterly visual assessment <input type="checkbox"/> Routine facility inspection <input type="checkbox"/> Benchmark monitoring <input type="checkbox"/> Notification by EPA or ADEC <input type="checkbox"/> Other (describe):	
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:	
8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Date corrective action initiated:	
10. Date corrective action completed: _____ Or expected to be completed: _____	
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:	

Section V. Annual Report Certification**Compliance Certification**

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?



Yes



No

If No, summarize why you are not in compliance with the permit:

Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.

Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of Authorized Representative: James Belz

Title: Superintendent

Signature: 

Date Signed: 12-14-22

Email: james.belz@anchorageak.gov



Alaska Department of Environmental Conservation

MSGP Annual Reporting Form

Section I. General Information	
Facility Name: Tudor Road Snow Disposal Site	
APDES Permit Tracking Number: Not Applicable	
<u>Facility Physical Address</u>	
Street: 6135 East Tudor Road	
City: Anchorage	State: Alaska
Zip: 99515	
Lead Inspector's Name: Trent White	Title: SWPPP Inspector
Additional Inspectors Names: Dustin Richmond	
Contact Person: James Belz	Title: Superintendent
Phone: (907) 343-8265	Email: james.belz@anchorageak.gov
Inspection Date: 12/06/2022	
Section II. General Inspection Findings	
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If NO, describe why not:	
<i>Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.</i>	
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:	

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? Yes No

If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? Yes No NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:
 At the time of this inspection, winter conditions were present. All outfalls are frozen. In advance of the freezing conditions both the on-site drainage systems and outfalls were free of pollutants. The site outfalls and surrounding areas were inspected in advance of freezing conditions, no maintenance was required and control measures were performing as designed.

6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

Yes No

If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?

Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.

Section III. Industrial Activity Area Specific Findings	
<p>Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.</p> <p>In reviewing each area, you should consider:</p> <ul style="list-style-type: none"> • Industrial materials, residue, or trash that may have or could come into contact with storm water; • Leaks or spills from industrial equipment, drums, tanks, and other containers; • Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and • Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas. 	
<p>Industrial Activity Area: RAP Access Road</p> <p>1. Brief Description: Industrial equipment utilize this access road during facility operations. At the time of this inspection winter conditions were present, access road was not plowed of snow.</p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)</p>	
<p>Industrial Activity Area: Snow Disposal Pad</p> <p>1. Brief Description: Industrial equipment cross this pad during facility fall preparation and winter operations. At the time of this inspection winter conditions were present, disposal pad had existing snow on it, snow was also stockpiled at storage site #1 from street clearing operations.</p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)</p>	
<p>Industrial Activity Area: Vegetative Buffers Discharge Point #1</p> <p>1. Brief Description: Stormwater or runoff exposed to industrial equipment flows through these buffers. At the time of this inspection winter conditions were present. No flow or pollutants were observed. Prior to freezing conditions, inspections were made and no pollutants were observed, no maintenance was required, and control measures were performing as designed.</p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)</p>	

Note: Copy this page and attach additional pages as necessary.

Industrial Activity Area: **Sedimentation Pond**

1. Brief Description:

Stormwater or runoff exposed to industrial equipment flows to this sedimentation pond. At the time of this inspection winter conditions were present, the pond was frozen and covered with snow no pollutants were observed. Prior to freezing conditions inspections were made of this area and no pollutants were observed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Staging Areas**

1. Brief Description:

At the time of this inspection winter conditions were present and no equipment was staged on-site, the area was free of pollutants at this time.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **3 Velocity Dissipaters**

1. Brief Description:

At the time of this inspection winter conditions were present, the areas were covered in snow and frozen and were free of pollutants. Prior to freezing conditions inspections were made and areas were free of pollutants, no maintenance was required, and control measures were performing as designed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Section IV. Corrective Actions

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 0 of 0 for this reporting period.

2. Is this corrective action:

- An update on a corrective action from a previous annual report; or
- A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- Unauthorized release of discharge
- Numeric effluent limitation exceedance
- Control measures inadequate to meet applicable water quality standards
- Control measures inadequate to meet non-numeric effluent limitations
- Control measures not properly operated or maintained
- Change in facility operations necessitated change in control measures
- Average benchmark value exceedance
- Other (describe):

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

6. How problem was identified:

- Comprehensive site inspection
- Quarterly visual assessment
- Routine facility inspection
- Benchmark monitoring
- Notification by EPA or ADEC
- Other (describe):

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:

8. Did/will this corrective action require modification of you SWPPP? Yes No

9. Date corrective action initiated:

10. Date corrective action completed: Or expected to be completed:

11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:

Section V. Annual Report Certification

Compliance Certification

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? Yes No

If No, summarize why you are not in compliance with the permit:

Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.

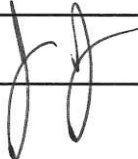
Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of Authorized Representative: James Belz

Title: Superintendent

Signature:



Date Signed: 12-14-22 Email: james.belz@anchorageak.gov



Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information	
Facility Name: Native Heritage Center Snow Disposal Site	
APDES Permit Tracking Number: Not Applicable	
<u>Facility Physical Address</u>	
Street: 8902 Heritage Center Drive	
City: Anchorage	State: Alaska Zip: 99504
Lead Inspector's Name: Trent White	Title: SWPPP Inspector
Additional Inspectors Names: Dustin Richmond	
Contact Person: James Belz	Title: Superintendent
Phone: (907) 343-8265	Email: james.belz@anchorageak.gov
Inspection Date: 12/06/2022	
Section II. General Inspection Findings	
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If NO, describe why not:	
<p><i>Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.</i></p>	
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:	

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? Yes No

If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? Yes No NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:
At the time of this inspection, winter conditions were present. All outfalls are frozen. In advance of the freezing conditions both the on-site drainage systems and outfalls were free of pollutants. The site outfalls and surrounding areas were inspected in advance of freezing conditions, no maintenance was required and control measures were performing as designed.

6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

Yes No

If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?

Note: Complete the attached Corrective Action Form (Section IV) for each condition identified, including any conditions identified as a result of this comprehensive storm water inspection.

Section III. Industrial Activity Area Specific Findings

Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with storm water;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.

Industrial Activity Area: **RAP Access Road**

1. Brief Description:

Industrial equipment utilize this access road during facility operations. At the time of this inspection winter conditions were present. The access road to the snow storage site has not been plowed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Snow Disposal Pad**

1. Brief Description:

Industrial equipment cross this pad during facility fall preparation and winter operations. At the time of this inspection winter conditions were present. Snow has been stockpiled in storage area #1.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Retention Basin**

1. Brief Description:

The primary purpose of the retention basin is to collect snow melt and storm water. Stormwater or runoff exposed to industrial equipment flows to this retention pond during the spring and summer months. At the time of this inspection winter conditions were present and the retention pond was frozen and covered with snow. Prior to freezing conditions, the area was inspected and no pollutants were observed.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Note: Copy this page and attach additional pages as necessary.

Industrial Activity Area: **Staging Area**

1. Brief Description:

At the time of this inspection, winter conditions were present. A case dozer and one light plant were in the staging area. The staging area showed now signs of pollutants.

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area:

1. Brief Description:

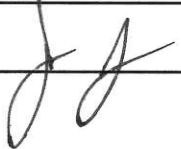
2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised control measures necessary in this area? Yes No

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Section IV. Corrective Actions	
<p>Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.</p> <p>Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>	
1. Corrective Action # 0 of 0 for this reporting period.	
2. Is this corrective action:	
<input type="checkbox"/> An update on a corrective action from a previous annual report; or <input type="checkbox"/> A new corrective action?	
3. Identify the condition(s) triggering the need for this review:	
<input type="checkbox"/> Unauthorized release of discharge <input type="checkbox"/> Numeric effluent limitation exceedance <input type="checkbox"/> Control measures inadequate to meet applicable water quality standards <input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations <input type="checkbox"/> Control measures not properly operated or maintained <input type="checkbox"/> Change in facility operations necessitated change in control measures <input type="checkbox"/> Average benchmark value exceedance <input type="checkbox"/> Other (describe):	
4. Briefly describe the nature of the problem identified:	
5. Date problem identified:	
6. How problem was identified:	
<input type="checkbox"/> Comprehensive site inspection <input type="checkbox"/> Quarterly visual assessment <input type="checkbox"/> Routine facility inspection <input type="checkbox"/> Benchmark monitoring <input type="checkbox"/> Notification by EPA or ADEC <input type="checkbox"/> Other (describe):	
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:	
8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Date corrective action initiated:	
10. Date corrective action completed: Or expected to be completed:	
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:	

Section V. Annual Report Certification	
Compliance Certification	
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, summarize why you are not in compliance with the permit: Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.	
Annual Report Certification	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
Name of Authorized Representative: James Belz	Title: Superintendent
Signature: 	Date Signed: 12-14-22 Email: james.belz@anchorageak.gov